

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 02-01-2009

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---------------------------------------|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | 9,649 | 3.7 |
| Line of Insurance | | |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

We are filing to revise our loss cost multipliers. This change will result in an overall impact of 8.2%.

*Adjusted to reflect all prior rate changes.

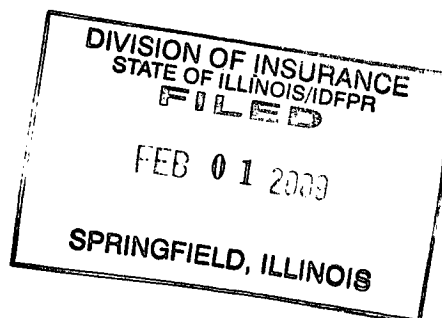
**Change in Company's premium level which will result from application of new rates.

 Nationwide Mutual Fire Insurance Company
 Name of Company

James J. Storch

 VP – Product Development

 Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

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|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> Line of Insurance | 2,969,436 | 7.9 |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

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*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

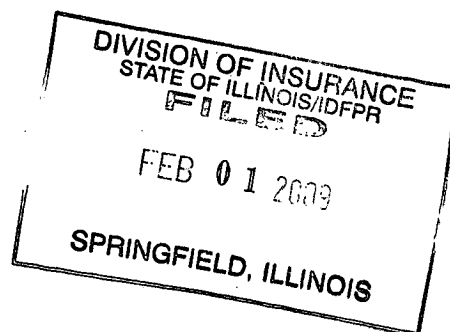
Nationwide Mutual Insurance Company

Name of Company



VP – Product Development

Official – Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 02-01-2009

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|---------------------------------------|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Compensation</u> | 632,996 | 9.2 |
| Line of Insurance | | |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

We are filing to revise our loss cost multipliers. This change will result in an overall impact of 8.2%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

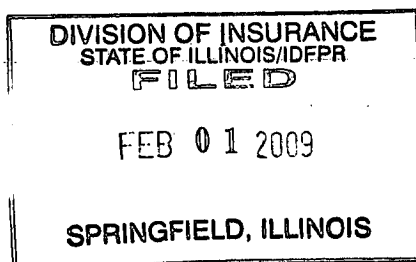
Nationwide Property and Casualty Insurance Company

Name of Company



VP – Product Development

Official – Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

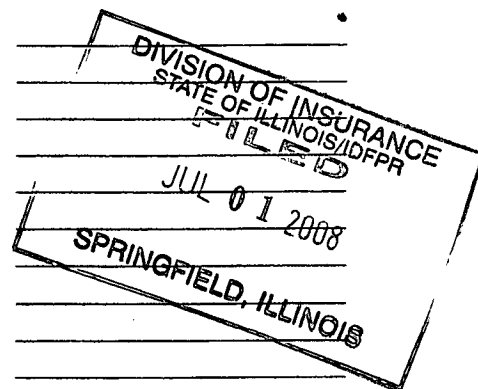
SUMMARY SHEET

RECEIVED

JUL 17 2008

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision
effective July 1, 2008

| (1) | (2) | (3) |
|---|---------------------------------------|-----------------------------|
| Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damag Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$11,000,000 | + 1% |
| Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,

specify:

Yes: 7380, 8742, 8810, 8824, 8825, 8826, 8829, 8832, 8833, 8835, 8842,8864, 8868, 9015, 9040Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):Adoption of 01/01/2008 NCCI Advisory Rates with the exception
of NHRMA Mutual class code 9929 rate of \$3.26. Also adopting Domestic Terrorism Premium Charge at \$0.01 per
\$100 payroll and Foreign Terrorism Premium Charge at \$0.02 per \$100 payroll.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

NHRMA Mutual Insurance Company

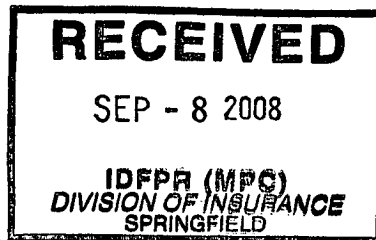
Name of Company

Rhonda K. Shinkle

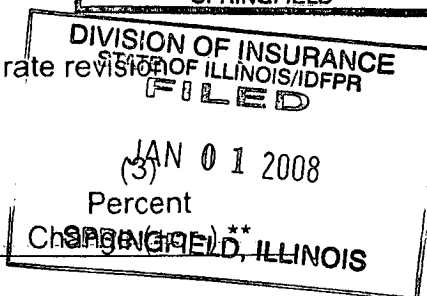
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)
SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 1/1/08



| (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change ** |
|--|--|-----------------------------|
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damag Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>WORKERS COMP</u> | <u>\$ 691,941</u> | <u>+ 4%</u> |
| Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

EFFECTIVE 1/1/08 WE ADOPTED LOSS COST PER NCCI CIRCULAR IL-2007-08

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

PUBLIC SERVICE MUTUAL
Name of Company
PAUL J. WILLIAMS, PRODUCT MGR.
Official - Title WORKERS COMP

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10-01-2008

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers Comp.</u> | \$591,333 | - 24.6% |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, it applies to all Loss Costs

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Change in Loss Cost Multiplier

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Trans Pacific Insurance Company
Name of Company

Worker's Comp. Product Line Manager
Official - Title

